

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3675AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2008
NAME OF PROVIDER OR SUPPLIER HELPING HANDS CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2757 GALLANT HILLS DRIVE LAS VEGAS, NV 89135		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted in your facility on 7/3/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed as a residential facility for groups which provides care for six persons with Alzheimer's Disease, Category II residents.</p> <p>The census at the time of the survey was three.</p> <p>Three resident files were reviewed.</p> <p>Three employee files were reviewed.</p> <p>No complaints were investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the initial eight hours of Caregiver training was completed for 1 of 3 employees (#3). Findings include: Employee #3 was hired on 6/20/08. The file lacked documented evidence of eight hours of initial Caregiver training. Severity: 2 Scope: 3	Y 070		
Y 072 SS=F	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.	Y 072		

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Y 072	Continued From page 2 This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the caregivers had the required medication management training for 2 of 3 caregivers (#1, #2). Findings include: Employee #1 was hired on 3/15/08. The file lacked documented evidence of the required medication management training. Employee #2 was hired on 3/15/08. The file lacked contained no documented evidence of the required medication management training. The Administrator indicated, via telephone interview during the survey, she thought Employee #1 and #2 had the training and perhaps their proof of training was at another facility. Severity: 2 Scope: 3	Y 072		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to	Y 103		

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Y 103	Continued From page 3 read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis	Y 103			

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Y 103	<p>Continued From page 4</p> <p>screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review, the facility failed to</p>	Y 103			

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Y 103	Continued From page 5 ensure 1 of 3 employees received the required tuberculosis (TB) screening and had the required documentation in their personnel records (#2). Findings include: Employee #2 was hired on 3/15/08. The file contained a chest x-ray dated 1/21/08. There was no documented evidence of a positive TB screening in the employee's file. Severity: 2 Scope: 3	Y 103		
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure an ultimate user agreement was signed for 1 of 3 residents (#1). Findings include: Resident #1 was admitted to the facility on 3/17/07. The record lacked evidence of a signed ultimate user agreement that authorized the facility to administer medications to the resident. Severity: 2 Scope: 1	Y 876		

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Y 878	Continued From page 6	Y 878			
Y 878 SS=D	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure medications were administered, as prescribed, for 1 of 3 residents (#3).</p> <p>Findings include:</p> <p>Resident #3 was admitted to the facility on 12/3/07. The medication administration record (MAR) revealed:</p> <p>Namenda 5 milligrams for Parkinson's Disease was prescribed twice daily. Documentation on the MAR indicated the medication was only given once daily.</p> <p>Severity: 2 Scope: 1</p>	Y 878			
Y 921 SS=D	449.2748(2) Medication Storage	Y 921			

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Y 921	Continued From page 7 NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure medication was kept in a locked container in the kitchen for one of three residents (#2). Findings include: Resident #2 was admitted to the facility on 8/13/05. The resident was prescribed eye drops that required refrigeration. This medication was kept in an unlocked container in the refrigerator. Severity: 2 Scope: 1	Y 921		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure alarms, buzzers, horns or other	Y 991		

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Y 991	Continued From page 8 audible devices was activated when a door was opened. Findings include: The patio door alarm was observed to be turned off. The alarms on the front door and the door to the garage failed to operate. An interview with the caregiver indicated he did not know the code to set the alarms. Severity: 2 Scope: 3	Y 991		
Y 993 SS=D	449.2756(1)(d) Alzheimer's training NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure employees, within 3 months of hire, completed the required minimum of 8 hours of Alzheimer's specific training for 2 of 3 employees (#1, #2).	Y 993		

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Y 993	Continued From page 9 Findings include: Employee #1 was hired on 3/15/08. The file lacked documented evidence of the required Alzheimer's training. Employee #2 was hired on 3/15/08. The file lacked documented evidence of the required Alzheimer's training. The Administrator indicated, via telephone interview during the survey, she thought Employee #1 and #2 had the training and perhaps their proof of training was at another facility. Severity: 1 Scope: 3	Y 993			
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the knives were inaccessible. Findings include:	Y 994			

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Y 994	Continued From page 10 The knives were stored in an unlocked drawer in the kitchen. Severity: 2 Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure toxic substances were not accessible to the residents. Findings include: Cleaning solutions were observed in an unlocked kitchen cabinet. Severity: 2 Scope: 3	Y 999		

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